St. Brendan School
4242 Brendan Lane
North Olmsted, Ohio 44070
Phone: 440.777.8433 / Fax: 440.779.7997

Child's *Preschool* Medical Statement
PHYSICIAN FORM
20 _____ - 20 _____

This is to certify that I have examined (child's name) _____
on (date) _____ and have found that he / she:

1. Has had the immunization required by Section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations required by the Ohio Department of Health for infants and toddlers, or is to be exempted from these requirements for medical or religious reasons.

Immunization Record. Enter month / day / year of each immunization.

DPT: 1 _____ 2 _____ 3 _____ 4 _____ *5 _____

POLIO: 1 _____ 2_____ 3 _____ 4 _____

MEASLES, MUMPS, RUBELLA (usually combined as MMR): 1 _____ *2 _____

If separate, measles _____, mumps _____, rubella _____
* Usually administered just prior to Preschool or school entrances.

_____Hepatitis A 1_____ 2_____

_____Hepatitis B 1_____ 2 _____ 3 _____

_____ Hib 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

_____Prevnar (PCV) 1 _____ 2 _____ 3 _____ 4 _____

_____ Chicken Pox 1 _____ 2 _____

_____ Influenza Vaccine

2. Is free from apparent communicable disease and is in suitable condition to attend a Preschool Program, based on his / her medical history and physical condition at the time of this examination.

Physician's Name (Please Print): _____

Physician's Signature: _____

Street Address: _____

City, State, Zip Code:_____

Parent's Signature: _____ Date: _____

Child's Birth Date: _____